



U.S. Department of Health and Human Services

Administration on Aging
2002 annual report
what we do
makes a difference



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introduction

what we do makes a difference

“ I commend the national aging network of state, local, and tribal organizations, service and healthcare providers, caregivers, and millions of dedicated volunteers for your daily efforts on behalf of our senior citizens. ”

— From President George W. Bush’s 2002 Older Americans Month Proclamation

MESSAGE FROM THE ASSISTANT SECRETARY

I am pleased to bring you the 2002 annual report of the Administration on Aging (AoA). This report provides us the opportunity to highlight the positive results that AoA, the states and the communities across the nation continue to produce for Older Americans. It also addresses the many activities we performed in fiscal year (FY) 2002 that will support improved results for elders in future years.

AoA took a significant step forward in 2002 when we began to assess Older Americans Act (OAA) programs from the perspective of the elderly consumers and caregivers we serve. We conducted national consumer assessment surveys across five service domains: home-delivered and congregate meals, transportation, information and assistance, homemaker services, and caregivers. The preliminary results we shared with the Congress as part of the President’s Fiscal Year 2004 budget confirmed the success of OAA programs. Elderly consumers and caregivers are highly satisfied with OAA services. They confirmed to us that the programs and services are useful and help them stay independent.

Our program results, presented throughout this report, allow AoA, other agencies throughout the Department of Health and Human Services (HHS), and the state and local program entities that administer the programs across the country, to be confident in the effectiveness of the initiatives and activities described here in supporting the needs of older Americans.



As a former community service provider and a caregiver, I know how important our community-based programs and services are to the American people. We are working to integrate health and social services. We are building bridges between these two systems of service at the federal level and raising the bar for the state and local levels to enhance coordination of services, to provide more flexibility, and to make access easier for the consumer.

We are concerned with the health and well-being of older persons and strive to ensure both. We are working to promote the President's HealthierUS Initiative through our continued health promotion and disease prevention activities including the Elderly Nutrition Program and USA on the Move in collaboration with the President's Council on Physical Fitness. Ensuring the rights of older people and preventing their abuse, neglect, and exploitation is another major priority for us.

Additionally, we would like to take this opportunity to recognize the efforts of our National Aging Services Network partners. State units on aging, area agencies on aging, and local service providers help make OAA programs and services possible and we are thankful for their hard work. Together, we make it easier for older people to access an integrated array of health and social supports, help older people stay active and healthy, support families in their efforts to care for their loved ones at home and in the community, and ensure the rights of older people. Together, we make a difference in the lives of older Americans.


Josefina G. Carbonell

"We must continue to pledge our support for older Americans by improving their health and well-being - through accessible and quality health care and affordable prescription drug coverage, and through support for community-based programs such as those provided by the Administration on Aging."

— From Health and Human Services
Secretary Tommy G. Thompson's
statement regarding Older
Americans Month 2002



our mission

who we are and what we do

WHO WE ARE

The Administration on Aging (AoA), an agency in the U.S. Department of Health and Human Services (HHS), was established by the Older Americans Act (OAA) in 1965. AoA was created to serve as the federal focal point and advocacy agency for older persons and their concerns. In this role, we work to heighten awareness among other federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the nation and alert them to the needs of vulnerable older people.

AoA also administers various grant programs in conjunction with state and local efforts that include a comprehensive and coordinated system of care for older people and their family caregivers. We carry out our grant programs and advocacy



in collaboration with the National Aging Services Network that includes 56 State Units on Aging, 655 Area Agencies on Aging, 243 tribal organizations, over 29,000 local community service organizations, 500,000 volunteers, and a wide variety of national organizations.

OUR MISSION

By administering our advocacy and grant programs, we carry out the mission of the AoA. Our mission, as embodied in the OAA, is to promote the dignity and independence of older people, and to help society prepare for an aging population.

OUR VISION FOR OLDER PEOPLE

Our vision for older people is based on the American value that dignity is inherent to all individuals in our democratic society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.



OUR PRIORITIES

- Strengthening the leadership role of the Aging Network in developing a more balanced, consumer-oriented long term care system.
- Helping older people to stay active and healthy by promoting disease prevention and health promotion interventions to motivate and support responsible health choices.
- Supporting families in their efforts to care for their loved ones at home and in the community through the National Family Caregiver Support Program and other efforts.
- Ensuring the rights of older people and preventing elder abuse, neglect, and exploitation.



Advocates for Older Americans

AoA is promoting the dignity and independence of older people



facilitating access

making it easier for older people to access an integrated array of health and sup

Access to services, especially for those who need them the most, has been a critical priority of AoA and the National Aging Services Network, and the program results illustrate this commitment:

- In FY 2001, over 15 million units of information and assistance and outreach were provided to older Americans.
- In FY 2001, case management services were provided to over 433,000 older people.

Improving access to services for older Americans is an on-going process. Determining where we need improvement is the first step. We realize that the consumers who use the services can give us the best feedback for improvement so we have asked for their assistance through a consumer assessment survey on information and assistance. We have gained valuable insights from the preliminary data in which respondents reported 1) a high level of satisfaction (84%), 2) that the information met their needs (85%), and that responses were very timely (94%).

Through surveys as well as listening sessions we have gathered information from older Americans that has helped us to develop ways, such as improving our website, to provide easier access to services and information. Conducting surveys is just one of the many forms of research we carry out to provide easier access to services. We have also formed partnerships with other HHS agencies and are working together to support aging in place and improve access to home and community-based services.



LISTENING TO OUR CUSTOMERS

The OAA was reauthorized in November of 2000. To implement the provisions of the newly reauthorized OAA and facilitate more accessible and flexible services for older consumers and their families, AoA conducted a series of listening sessions across the country. These sessions allowed AoA to solicit the input of those most affected by the implementation of the OAA – consumers, caregivers, service providers, State and Area Agencies on Aging, Native American Tribal Organizations, advisory councils, and representatives of national, state, and local aging organizations.

CONSUMER ASSESSMENT SURVEYS

In FY 2002, AoA took the concept of listening to our customers to a new level by conducting national surveys of OAA cli-



Supportive services

ents across six service domains: caregiver services, home delivered meals, congregate meals, transportation, information and assistance, and homemaker services. AoA interviewed approximately 3,000 elderly individuals and caregivers in over 125 local planning and service areas across the nation to assess 1) the impact of OAA services on the lives of the elderly, 2) the usefulness of services in meeting the needs of the elderly, 3) the satisfaction of clients with OAA services, and 4) the potential for service improvements. The elderly and their caregivers reported very high levels of impact, usefulness, and satisfaction; they also provided significant and extensive recommendations for program improvement. Final data from AoA's consumer assessment surveys will be made available in 2003.

IMPROVING THE AoA WEBSITE

We recognize that the majority of our consumers and their expectations have changed dramatically in less than a decade. We also realize the increasing need for government to use the latest technologies to increase the efficiency and effectiveness of its business operations. With this in mind, in October we launched a historic redesign of our website, www.aoa.gov. The goal of the redesign is to create a more professional, coordinated, and streamlined state-of-the-art website that will enhance the public's ability to access aging information.



AoA's New Website Launched October 2002

The website is designed to provide a comprehensive overview of a wide variety of topics, programs, and services related to aging. The new site is geared towards older individuals, caregivers, community service providers, researchers, and students. On this new site you will find valuable information provided in a user-friendly way.



“It is so important to individuals like me and the agencies we represent to have AoA and do we find the time to commend those who assist us in completing our missions in life.

ELDERCARE LOCATOR JUST A CLICK AWAY

In an effort to further reach out to our consumers, a national survey, conducted for AoA, found that as more aging baby boomers find themselves caring for frail older family members, they often turn to the Internet when traditional information resources are not available. Long-distance caregivers also rely on the Web to identify reliable home and community-based services. This finding prompted us to launch an online version of the Eldercare Locator, www.eldercare.gov, to provide users with 24-hour access to community-assistance resources for older Americans.

EXCELLENCE IN INFORMATION & ASSISTANCE

To facilitate excellence in the OAA Information and Assistance (I&A) programs that provide critical and valuable services to older persons and their families, AoA supported the development of the Certification Program for Information and Referral Specialists in aging programs. These I&A spe-

cialists are unique in their understanding of and sensitivity to the needs of older individuals and their caregivers seeking help. The program was introduced in June 2002 and has been offered nationwide since that time. A total of 120 aging I&A professionals received aging certification in 2002.

HOME AND COMMUNITY-BASED SERVICES RESEARCH SYNTHESIS

AoA is leading an initiative to strengthen the role of the National Network of Aging Community Service Providers in helping older people access needed health and social supports. This effort involves a multi-faceted approach that includes the following:

- working with partners in HHS to conduct a synthesis of the research on home and community-based long-term care,
- conducting case studies on best practices and models currently being used by our national network, and
- undertaking an in-depth study of the states that have made the most progress in creating balanced systems of care. Among other things, this study will highlight the role the Aging Network has played in developing and operating these systems. Findings from this study will be available in summer 2003.

REAL CHOICE SYSTEMS CHANGE GRANTS

The Centers for Medicare and Medicaid Services (CMS) awarded a total of \$125 million in 2001 and 2002 to states to design and implement enduring improvements in com-





your information as a resource. So often today we take the time to complain and so rarely Thank you for all you do and all that you provide to us.”

— Seminole County Sheriff’s Office

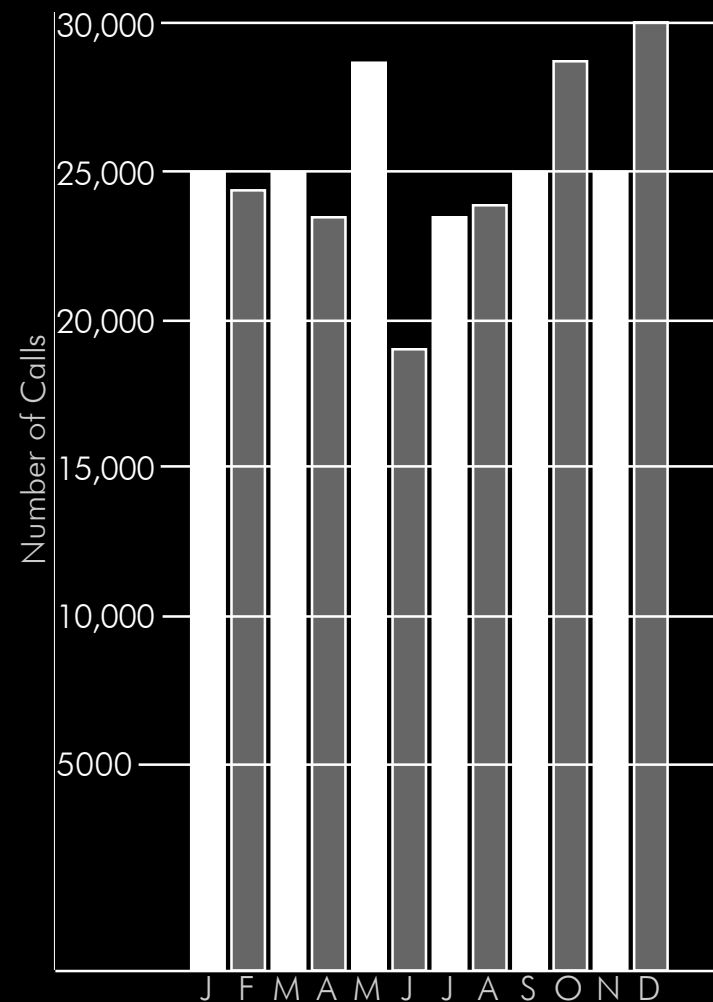
munity long-term support systems. Their hope was to enable people with disabilities of all ages to live and participate in community life. We partnered with CMS to ensure National Aging Services Network participation in the Real Choice Systems Change grants and related technical assistance activities. Six state agencies on aging were designated by their Governors as the leads on these grant projects for their states; over half are actively involved in the implementation of these systems change projects.

AGING IN PLACE

In 2002, AoA awarded \$3.7 million in support to projects in five Naturally Occurring Retirement Communities (NORCs) that are developing and testing models to support older adults as they age in place. Such neighborhoods or buildings can be found throughout the country. Many residents of these communities are reaching the age at which they may need assistance with daily activities, but these same individuals prefer to remain in their homes and near their family and friends.

These projects are located in Baltimore, Cleveland, Philadelphia, Pittsburgh, and St. Louis. AoA is partnering with the HHS Assistant Secretary for Planning and Evaluation to evaluate the implementation of these projects in order to determine their replicability.

Eldercare Locator Website Users per Month in 2002





health and active engagement

helping older people to stay active and healthy

AoA supports the programs and services provided by the National Aging Services Network that help keep older people active and healthy. Preliminary data from the consumer assessment surveys indicates that the Network is providing home and community-based services that older people value in helping them to lead healthy and independent lives.

- Over 80% of clients of transportation services reported high levels of satisfaction.
- The usefulness of the service is indicated in the fact that 33% percent of respondents relied on the service for virtually all of their transportation needs.
- Forty-eight percent reported getting around more than before they received transportation services.

In keeping with our mission to promote the dignity and independence of older people, we also continue to form and support initiatives and partnerships to help older people stay active and healthy.

30TH ANNIVERSARY OF THE NUTRITION PROGRAM

Adequate nutrition is essential for healthy aging, the prevention or delay of chronic disease and disease-related disabilities, and for improved quality of life. Yet poor nutrition is a major problem for older adults. Almost 90 percent have a nutrition-related chronic disease or condition such as diabetes, heart disease, high blood pressure, or osteoporosis. About 40 percent of community-dwelling older adults as well as their caregivers have inadequate food and nutrient in-



take, which affects their health and ability to function independently.

In 2002, AoA and the nation celebrated its 30th anniversary of the nutrition program. On March 22, 1972, the OAA of 1965 was amended to create the first national nutrition program for the elderly. Thirty years and close to six billion meals later, the Elderly Nutrition Program (ENP), with over 4,000 local nutrition service providers, has made an extraordinary difference in the lives of millions of seniors and their families. The OAA Nutrition Program provides for congregate and home-delivered meals, also known as Meals-On-Wheels. Other services include nutrition screening, assessment, education, and counseling. Linkages to health promotion and disease prevention programs as well as physical activity programs are also critical. These meals and other nutrition services are provided in a variety of settings, such as senior centers, schools, and in individual homes.



Program Highlights

- The cost of a one-year supply of home-delivered meals equals about the cost of one day in the hospital.
- OAA Nutrition Programs supply approximately 50% of participants total nutrient intake in a single day.
- OAA Nutrition Program participants have more social interaction than those who do not participate in AoA meal programs.
- Both congregate and home delivered nutrition services successfully target adults who are older, poorer, sicker, and more likely to live alone, live in rural areas, and be minorities.
- In FY 2001, 112 million congregate meals were served to 1.8 million older adults in states.
- In FY 2001, 143.4 million home-delivered meals were served to about 1 million homebound older adults in states.
- In FY 2001, 1.5 million congregate meals were served to 49,000 older American Indians, Alaska Natives, and Native Hawaiians.
- In FY 2001, 1.7 million home-delivered meals were served to 32,000 older American Indians, Alaska Natives, and Native Hawaiians.



The OAA Nutrition Program

“Through these and other services, the ENP promotes healthy diets and habits, and it helps elder Americans to maintain an independent lifestyle.”

— From President George W. Bush’s
greeting in commemoration of the
30th Anniversary of the ENP



“It is never too late to start exercising and eating properly.”

— Assistant Secretary Carbonell

USA ON THE MOVE

Poor health is not a foregone consequence of aging. Proper nutrition as part of an active, healthy lifestyle is a key to successful aging. As a part of the President's HealthierUS Initiative, we partnered with the National Policy and Resource Center on Nutrition and Aging at Florida International University to support the USA on the Move: Steps to Healthy Aging initiative. Eating better and moving more, the two steps in Steps to Healthy Aging, are designed to improve nutrition and physical activity in older adults. Simple, modest increases in daily activities can improve overall health, prevent disease and disability, and reduce health care costs for our nation. For more information on this initiative, please visit AoA's resource room at www.aoa.gov/eldfam/Healthy_Lifestyles/USA/USA.asp.



To further highlight the health benefits of physical activity, Health and Human Services Secretary Tommy G. Thompson and Assistant Secretary Carbonell led a group of older adults on a half-hour walk around the National Mall in Washington in May. Representatives of national aging organizations also participated in the walk.

OSTEOPOROSIS INITIATIVE

Osteoporosis is a major health concern for millions of Americans and a barrier to healthy living. Osteoporosis is largely preventable and is not a natural part of aging for women. Recognizing that more needs to be done to inform older women about their risk for osteoporosis, we are formulating an action plan to educate and raise awareness about osteoporosis among post-menopausal women.

In 2002, AoA awarded \$300,000 in grants to support the development of an osteoporosis awareness campaign. Organizations receiving these grants include the following:

- The Foundation for Osteoporosis Research and Education will convene a consensus development summit of experts called the National Osteoporosis Council (NOC) made up of representatives of osteoporosis coalitions around the country. Representatives from government-based agencies, healthcare professionals, national consumer associations, and managed care organizations will be invited.
- The National Osteoporosis Foundation will sponsor a national osteoporosis awareness survey, oversampled for minority women and stratified by older age groups, to



determine current levels of awareness among target audiences, catalog their concerns, and identify the most effective messages.

- The University of Maine will conduct a series of focus groups in four geographically dispersed locations around the country that will target the full range of diversity found among post-menopausal women.

PARTNERING WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION

AoA is partnering with the Centers for Disease Control and Prevention (CDC) to address significant health problems affecting older Americans, such as diabetes, cardiovascular disease, and the need for immunization through four demonstration grants to community coalitions. In addition, collaborative efforts between the state aging and health networks are educating older Americans on how to lessen or prevent the negative impact that can result from chronic conditions and diseases, with particular emphasis on diabetes, obesity, and asthma.



“Together pledge to walk and stay active throughout the year. Families literally can walk down the path to better health.”

— From Health and Human Services
Secretary Tommy G. Thompson’s
statement regarding Walk
on the Mall 2002



supporting caregivers

supporting families in their efforts to care for their loved ones at home and in t

One in three Americans or 22 million people are providing compassionate assistance to a family member, neighbor, or friend. Caregivers include grandparents raising grandchildren as well as those who help older Americans. In many cases, both the caregivers and care recipients are aging adults. The National Family Caregiver Support Program (NFCSP) was established in 2000 to provide supportive services for family caregivers. Since the enactment of the NFCSP, AoA and our National Aging Services Network have demonstrated creativity in implementing family-directed services to caregivers of the elderly and persons with disabilities.

The NFCSP is already producing results. Preliminary data from state agencies indicate that we have exceeded statutory expectations to serve 250,000 caregivers by serving over 325,000 caregivers during the first years of implementation. The same preliminary data reflect that the states and area agencies on aging are providing a solid mix of services to caregivers, including information, assistance, counseling,

respite, and supplemental services. Early data from AoA's first national survey of caregivers indicate that caregivers value the services provided by the Network to older clients. Eighty-eight percent reported that services enabled them to care longer than would otherwise have been possible, and 72% reported that the services "helped a lot."

We have provided leadership, guidance, and technical assistance to the Network in implementing and maintaining the NFCSP. The Network focused on developing support systems and expanding the range of services to meet the diverse needs of caregivers. These efforts have resulted in the formation of new local partnerships, improved access to services, outreach to special populations and caregivers who may not be connected to our service delivery networks, and provision of services to respond to the unique needs of families.

PROVIDING LEADERSHIP AND TECHNICAL ASSISTANCE

Since the establishment of the NFCSP, AoA has identified and disseminated state-of-the-art knowledge, information, and technical assistance on models and techniques that can be used by states, tribes, and communities to design and implement programs and services that support family caregivers.

In 2002, we developed a *Resource Guide to the National Family Caregiver Support Program*. The guide provides research-based implementation strategies and approaches that network staff may consider in carrying out the NFCSP. AoA also launched a web page, <http://www.aoa.gov/> to provide guid-





he community

ance in implementing the NFCSP as well as information on the characteristics and needs of family caregivers.

PROMOTING CONSUMER AWARENESS

Caregivers often are not aware they are caregivers or that services exist which can support them. All too often caregivers seek assistance only when a crisis occurs with their loved ones. To educate family and other informal caregivers about the services available to support them in their caregiving role, we created the following:

- A NFCSP brochure that contains information on eligible populations, services provided through the program, and highlights innovative state caregiving programs;
- A 10-step approach called “Caregiver Survival Tips” for family caregivers to use to identify areas where they may need support and information on how to locate and access this support; and
- A Public Service Announcement entitled “Who Are The Caregivers” which was shown on public television stations reached over 4.6 million people. This five minute segment talked about the NFCSP and was aimed at caregivers who may need support services.



NFCSP 2002 Funding

\$128 million allocated to states

\$5.5 million distributed to 187
Indian Tribal and Native Hawaiian
Organizations

\$7 million was awarded to 39
innovative projects



“I provide financial, emotional, and hands-on care everyday as the primary caregiver

SUPPORTING INNOVATION THROUGH THE NFCSP

Through the NFCSP, AoA is supporting 39 innovative projects to assist families and informal caregivers at a national and community-based level. These competitive grants focus on systems development, service components, linkages to special populations and communities, field-initiated demonstrations to develop and test new approaches to support caregivers, and national projects that enhance the development of caregiver programs. Projects funded in 2002 include the following:

- The Caring Workplace Project is recruiting and establishing ongoing support from eleven major corporations in St. Louis. Individualized action plans for each business were created based on employee and organizational information. Eldercare services and direct services including one-on-one assessments, consultations, home and safety

assessments, and follow-up visits are provided at each company.

- The Elder Caregivers of Adults with Disabilities project is implementing a support system in Pennsylvania for elderly primary caregivers of adult children with mental retardation and developmental disabilities. This consumer-driven project emphasizes supporting the caregiver and family in ways that are specific to his or her needs. The project reimburses these individuals for expenditures related to caregiving and provides resources for all caregiving needs. The strength of the program lies in its flexibility to allow the caregiver to decide how to use the reimbursement.
- The CARE-Pro project uses newer technologies to educate a significant number of health practitioners about how to meet the needs of family caregivers. The Care-Pro project conducted five one-hour Web and teleconference seminars that reached 850–1,000 nurses, occupational therapists, and social workers.
- The Multi-State Family Caregiver Mediation Project, in Michigan, uses mediation to assist frail older persons and their family caregivers to address and resolve problems and disputes which arise when families face the physical, emotional, and financial demands of providing long-term care to an older family member. The goal is to use mediation to protect the autonomy and dignity of older persons while assisting and enabling family caregivers to resolve problems, which if left unresolved, could destroy the family and caregiver support system and could result in institutionalization, financial exploitation, neglect, or abuse.





ver for my mother. I am not an “informal” caregiver.”

— a family caregiver

SUPPORTING THE PRESIDENT’S AGENDA

AoA is active in implementing President Bush’s New Freedom Initiative, a comprehensive plan to remove barriers to community living for people with disabilities by working to ensure that all Americans have the opportunity to learn and develop skills, engage in work, make choices about their daily lives, and participate fully in community life.

We convened the New Freedom Initiative Caregiver Support Workgroup, an interdepartmental workgroup, to identify opportunities for collaboration and coordination in the area of family caregiver support. The Caregiver Support Workgroup developed a *Compendium of HHS Caregiver Support Activities*. To view the Compendium, visit <http://www.aoa.gov/>. The Compendium, a first at HHS, catalogues the existing efforts by HHS agencies to support family and informal caregivers.



Caregivers Are Receiving Services Through the NFCSP

States and AAAs Reach Out with Well-Rounded Service Programs in 2002

- 1.3 million caregivers reached by states
- 325,000 received access to help
- 150,000 received counseling and training
- 60,000+ received respite help
- 45,000+ received supplemental services



ensuring elder rights

ensuring the rights of older people and preventing their exploitation, abuse, and

ENSURING ELDER RIGHTS

Protecting the rights of older people and preventing their exploitation, abuse, and neglect continues to be one of our most important goals and that of the National Aging Services Network. Predatory lending, home repair scams, and other types of financial exploitation undermine our efforts to promote autonomy and independence. AoA provides critical consumer information, training, technical assistance, and funding for programs that protect the rights of vulnerable, at-risk older persons.

Programs are in place to assist older persons and their families if they are in trouble. If older persons or their family members are having a problem with a nursing home or long-term care facility, the long-term care ombudsman program can help. Long-term care ombudsmen are trained to solve problems and provide information. Similarly, if someone has been the victim of fraud or abuse and needs legal assistance, AoA's legal services may be able to provide support. Additionally, AoA's Senior Medicare Patrol projects train people to detect and stop Medicare and Medicaid fraud and abuse.

Preventing abuse through education is also critical. We have produced consumer education materials and public service announcements to help older persons help protect themselves. We have also provided training to caregivers and elder abuse programs.

LONG-TERM CARE OMBUDSMAN PROGRAM

The commitment of AoA and the Network to protect older Americans is reflected in the tireless efforts of the long-term care ombudsman program. Long-term care ombudsman programs in every state and almost 600 regions of the country provide information to residents of long-term care facilities and those in need of long-term care, help residents and their families resolve problems, and advocate for systemic changes to improve care and protect residents' rights.

In 2002, long-term care ombudsmen had the opportunity to use quality data about nursing home programs to assist families in making informed decisions about choosing a nursing home. The quality data is from a pilot project and is based on nine measures of nursing home quality. The six-state pilot project, involving nursing homes serving Medicare and Medicaid beneficiaries in Colorado, Florida, Maryland, Ohio, Rhode Island, and Washington, is part of HHS' Nursing Home Quality Initiative to further improve the quality of care received by the 2.9 million Americans who live in nursing homes.

The success of our nation's ombudsman programs is evident. Ombudsman programs around the country investigate over 260,000 complaints each year, ranging from abuse to inadequate staff to involuntary transfers. They resolve or partially resolve over 70% of the complaints. One thousand paid and 14,000 volunteer staff (8,000 certified) provide information to more than 280,000 people on a myriad of top-



d neglect

ics including how to select and pay for a long-term care facility, residents' rights, and state and federal rules for facilities. Additionally, the AoA-funded Ombudsman Resource Center provides national and regional training and technical assistance to enhance the skills and knowledge of state and local ombudsmen.

SENIOR LEGAL SERVICES

The OAA is one of the top funding sources for low-income senior legal services. There are approximately 1,000 OAA legal services providers nationwide supplying over one million hours of legal assistance per year. The following are two examples of how AoA's legal services help seniors:

- In Michigan, a 73 year-old woman was contacted by a telemarketer and invited to join a discount buyers club. She told the company she wasn't interested. However, when her checks began bouncing, she contacted her bank and found that an electronic transfer to the buyers club had been made. Intervention by senior legal services led to a refund of all her money plus additional expenses.
- In Georgia, an elderly couple was charged nearly \$11,000 for minor home repairs that were never completed. Legal services assisted the couple in canceling the contract.



Preventing Elder Abuse

"I'm really glad to know you're available for this kind of help. Seems like people start trying to take advantage of you as you get older. Sometimes I just need legal advice or a little help. Thank you for being there for me."

— Comment given to a West
Virginia Senior Legal Aid



“For 30 years, the nation’s volunteer ombudsmen have worked to protect nursing h

PREVENTING ELDER ABUSE

Financial and material exploitation of older persons continues to be a major problem. To get a better understanding of this phenomenon, AoA is working in partnership with the HHS Office of the Assistant Secretary for Planning and Evaluation to carry out a national study on elder financial exploitation. In an effort to foster information exchange and collaboration, we also co-chair the Elder Justice Interagency Working Group, a group of officials responsible for carrying out elder justice activities in the Federal government.

In 2002, we supported the development of consumer education materials and consumer alerts, including the National Consumer Law Center fact sheet, *Protect Your Investment: Don't Let Predatory Lenders Take Your Home*. The fact sheet can be found at http://www.consumerlaw.org/initiatives/seniors_initiative/protect_invest.shtml. Similarly, we are supporting a Pennsylvania Department of Aging project to provide financial literacy training to minority seniors, raise awareness about predatory investment scams, and train adult protective services staff in how to investigate and resolve exploitation cases.

Additionally, AoA's National Center on Elder Abuse worked to carry out the National Elder Abuse Action Agenda 2002. Educating the public, training professionals, and increasing prosecutions are some of the critical areas the agenda addresses.

We are working in partnership with the HHS Office of Women's Health to support an effort by the Wisconsin Coalition Against Domestic Violence/National Clearinghouse on Abuse in Later Life and the AARP Foundation to promote collaboration and information sharing between domestic violence and elder abuse prevention advocates and practitioners.

OAA funding also supports state and local elder abuse prevention public awareness campaigns, training programs, and multidisciplinary teams. Examples of such abuse prevention efforts from 2002 include the following:

- Orange County, California's Fiduciary Abuse Specialist Team met monthly to discuss cases; the program coordinator offered 38 community and law enforcement education sessions to nearly 1,800 people.
- In Broward County, Florida, caregivers were taught how to handle difficult behaviors and defuse stressful situations. Over 400 individuals received in-home training and approximately 700 others attended information sessions about elder abuse.
- Arkansas' Adult Protective Services and the State Long-Term Care Ombudsman programs jointly sponsored regional trainings on elder abuse that included participation by law enforcement and EMT personnel, prosecuting attorneys, hospital and nursing home administrators, social workers, and clergy.



home residents and improve the quality of care.”

— HHS Secretary Tommy G. Thompson

SENIOR MEDICARE PATROL PROJECTS

AoA supports 51 Senior Medicare Patrol (SMP) projects in 45 states, the District of Columbia, and Puerto Rico for the purpose of recruiting retired nurses, doctors, accountants, and other professionals to train other older persons and to serve as expert resources to detect and stop Medicare and Medicaid fraud, error, waste, and abuse.

In 2002, AoA launched a website and convened a national conference designed to promote consumer awareness and facilitate the sharing of information and best practices between Medicare and Medicaid beneficiaries; the SMP projects; and federal, state, and local partners. The website also links seniors to information about how to become a volunteer. For more information, please visit the website at <http://www.aoa.gov/smp/index.asp>.

Since their inception in 1998, SMP projects have resulted in the recovery of \$3,008,937 in Medicare funds and \$76,621,601 to the Medicaid program and other payers.



Making an Impact in 2002

Senior Medicare Patrols

- 9,000 new volunteers were trained
- 400,000 beneficiaries were directly educated by the retired volunteers



supporting vulnerable populations

providing services to the people who need them most

SUPPORTING VULNERABLE POPULATIONS

Data show that the National Aging Services Network serves people who are poor and people who are members of minority groups in a greater proportion than in the general population of older Americans.

The percent of those who are poor among OAA clients substantially exceeds the percent of those who are poor for all aging individuals (60 and over) in the U.S. From 1997-2000, the Network served about half of the poor older individuals in the nation.

ASSISTING DIVERSE POPULATIONS

AoA funds five projects with the National Minority Aging Organizations that represent each of the four major populations of color: African-American, Hispanic-American, Asian American/Pacific Islander, and American Indians/Alaska Natives. These projects worked at the community level in urban and rural areas to provide health information on managing diabetes, preventing stroke and cardiovascular disease, preventing cancer, and promoting immunizations.

In addition, we are partnering with the CDC to co-manage Project REACH for the Elderly (Racial, Ethnic Approaches to Community Health). In 2002, this partnership supported four projects that have developed unique health promotion and disease prevention strategies to reach older individuals of color.



AoA has developed partnerships to better serve American Indians, Alaska Natives, and Native Hawaiians. We partnered with the University of North Dakota's National Resource Center on Native American Aging to design and implement a needs assessment of American Indians, Alaska Natives, and Native Hawaiians. Tribes have used this data for public awareness campaigns, grant applications, and service development activities.

AoA also partnered with the Indian Health Services and National Indian Council on Aging to conduct the American Indian and Alaska Native Roundtable on Long-Term Care on April 11 and 12, 2002. A final report was produced as a result of the roundtable that explores the key issues in long-term care for American Indian and Alaska Native communities.



You can view the report at the following site: http://www.ihs.gov/PublicInfo/PublicAffairs/PressReleases/Press_Release_2002/Final_LTC_Report_ALL.pdf.

Additionally, the University of Colorado's Native Health Care Resource Center has expanded training and technical assistance workshops on health-related issues available in Indian country through the Tribal Colleges and Universities. Educational modules have been developed that address some of the most prevalent and disabling illnesses that afflict Indian elders.

NEW FREEDOM INITIATIVE

In addition to supporting caregivers through the President's New Freedom Initiative, AoA played a leadership role in the collection and analysis of public input regarding federal barriers to community integration of people with disabilities of all ages and the development of federal-level solutions. In particular, we were responsible for coordinating the analysis of 754 separate written comments provided by 678 individuals and organizations.



Partnerships to better serve Native Americans

AoA has developed partnerships to better serve Native Americans. We partnered with the University of North Dakota's National Resource Center on Native American Aging to design and implement a needs assessment of Native American elders.



ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES PROGRAM

The Alzheimer's Disease Demonstration Grants to States Program (ADDGS) was established in 1990 under Section 398 of the Public Health Service Act (P.L. 78-410) as amended by Public Law 101-157, and by Public Law 105-379, the Health Professions Education Partnerships Act of 1998. The Health Resources and Services Administration (HRSA) managed the program between 1992, when the first grants were issued, and 1998. In 1998, Congress transferred the program to AoA.

PROGRAM MISSION

The ADDGS Program's mission is to expand the availability of diagnostic and community-based support services for persons with Alzheimer's disease, their families, and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders (ADRDs).

STATES FUNDED

Fiscal Year 2002 marked the 10th anniversary of the ADDGS Program. Since its inception, 42 states and territories have been funded through the program. States must compete for ADDGS grants and successful applicants receive a 3-year grant. The average federal award is \$310,000, with an in-



creasing state match rate (25%, 35%, 45%) during each year of the grant.

EVALUATION RESULTS & PROGRAM ACHIEVEMENTS

Throughout the program, a university-based evaluation team has independently evaluated ADDGS grantee projects. This analysis of states' experience in developing and delivering health and social support through home and community-based care services to persons with Alzheimer's disease and their families has generated many findings – findings which have program and policy implications far beyond the ADDGS Program. As data on the chart (page 28) highlights, the program has been extremely successful in reaching traditionally underserved and hard-to-reach populations including cultural and ethnic minorities, low income and rural families, and persons with developmental disabilities who also have Alzheimer's disease.



In addition, AoA has provided leadership to support the development of more integrated access to coherent and coordinated systems of home and community-based care, including partnerships with faith-based organizations and managed care systems.

A small sample of important ADDGS evaluation findings include the following:

- Almost one-third of the demonstration clients used respite services for only one or two months and the average length of use was ten months.
- Elders with male caregivers used more respite services than those with female caregivers.
- Different ethnic groups had distinct patterns of day care use over time. Hispanics/Latinos and Blacks/African Americans used, on average, the same number of hours of day care. However, African Americans used small quantities of service over an extended period of time, while Hispanic elders used high quantities of service for short periods of time.
- When elders in managed care health plans received the type of home and community-based services provided by AoA, they were more satisfied with their health care plans and appeared to use less hospital and emergency room care than when they did not receive AoA services.

Alzheimer's Demonstration Program

There are currently more than 400 communities in 33 states involved in the ADDGS program.

Alabama	Missouri
Alaska	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Mexico
Colorado	New York
Florida	North Carolina
Illinois	Oklahoma
Indiana	Pennsylvania
Iowa	Rhode Island
Kansas	Tennessee
Maine	Texas
Maryland	Vermont
Massachusetts	Virginia
Michigan	West Virginia
Minnesota	Wisconsin
Mississippi	

Other states that have previously received funding include the following:

District of Columbia	Oregon
Georgia	South Carolina
Hawaii	Washington
Montana	Puerto Rico
Ohio	

AoA continues to give priority in ADDGS grant competitions to states that have never received funding under the program.



PROFILE OF INDIVIDUALS AND CAREGIVERS RECEIVING SUPPORT IN 2001-2002
THRU THE AOA ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES PROGRAM

Numbers Served Annually

Intensive home & community-based supports	4,373
Information & education	150,000+
Communities involved in program	400

Age

54 or less	2.1%
55-64	3.8%
65-74	15.5%
75-84	43.5%
85 or more	30.4%
not reported	4.7%
<i>Average age of ADDGS clients</i>	79.7 years

Gender

Women = 63.7%	Men = 36.3%
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Race/Ethnicity

African American	14.8%
White	48.3%
Hispanic/Latino	22.2%
Asian/Pacific Islander	9.9%
Native American	.5%

Living Arrangement

Live Alone	16.7%
Elder + 1 other	48.7%
Elder + 2 others	26.0%
Not reported	8.7%

Geographic Location

Rural or small town	47.8%
Urban/Large City/Suburb	51.7%
American Indian Reservation	.5%

Household Income

\$0 - \$14,999	66.7%
\$14,999 +	33.3%

Functional Impairments

Participants need assistance with an average of 4.2 Activities of Daily Living (equal to nursing facility level of care in most states)



KEYS TO SUCCESS — FROM ADDGS GRANTEES

There are six overarching keys to successful development of services and systems of care for persons with Alzheimer's disease in diverse communities:

1. Establish trust and credibility within local community
2. Build community awareness of Alzheimer's disease and available services
3. Build or expand local service capacity
4. Create and provide new services
5. Develop local resources and ownership in program
6. Stabilize projects and services before starting new ventures

Read the full evaluation report released in 2002 at www.aoa.gov/alz

Other program achievements in 2002 include the following:

- Funding eight new grantee states (bringing the total to 33)
- Continuing to develop the AoA Alzheimer's Resource Room web page on the AoA website at www.aoa.gov/alz
- Making presentations at several national provider and policy conferences
- Publishing articles for a special issue of *Home Health Care Services Quarterly*, a peer reviewed healthcare journal



Supporting Those Most in Need

"I thank you for helping mom and me. Thank you isn't enough, but I hope the memory that we have all shared is."

— From a letter to an ADDGS
support specialist



global aging

assisting the international community prepare for an aging world

THE 2ND WORLD ASSEMBLY ON AGEING AND THE INTERNATIONAL PLAN OF ACTION ON AGEING

The Assistant Secretary for Aging had the honor of leading the U.S. delegation to the 2nd World Assembly on Ageing held in April 2002, in Madrid, Spain. The delegation consisted of representatives from the public and private sector appointed by the White House.

During the Assembly, some 160 UN member states discussed and finalized a Political Declaration and the 2nd International Plan of Action on Ageing. The new Plan will serve as a blueprint for governments worldwide in addressing critical issues facing a rapidly growing global aging population, including health, development, migration, environment, and intergenerational concerns.



Members of Delegation to the World Assembly on Ageing

BERLIN CONFERENCE

AoA was part of the official U.S. delegation to the Economic Commission on Europe's (ECE) Ministerial Conference on Ageing, held in Berlin, Germany, in September 2002. The U.S., along with 54 other countries, is a member of the ECE, which is one of five regional commissions of the United Nations. The conference was held in order to adopt a regional strategy for implementing the International Plan of Action on Ageing 2002.

PROMotion: A WAY OF LIFE FOR OLDER ADULTS

AoA was invited to serve on the Advisory Committee on Physical Activity and Aging organized by the Pan American Health Organization (PAHO), which serves as the Regional Office for the Americas of the World Health Organization. This regional blueprint, *ProMotion: A Way of Life for Older Adults*, will be a valuable guide for organizations, associations, and agencies to plan strategies to help older adults increase their physical activity.

AOA INTERNATIONAL WEB PAGE

In 2002, in line with our continued effort to use the latest technology to increase efficiency and effectiveness, the AoA International web page was significantly redesigned and updated to present current, consumer friendly information about worldwide aging related topics. As part of this effort, the AoA *Global Aging Fact Sheet* was also reformatted and



updated and will be available in brochure form. For more information, visit http://www.aoa.gov/press/fact/alpha/fact_global_aging.asp.

AGING CORE GROUP OF THE HEALTH WORKING GROUP, U.S./MEXICO BINATIONAL COMMISSION

Leading the U.S. side of the Aging Core Group, AoA continues to exchange information with its counterparts in the Mexican Ministry of Health. Recent areas of focus include the following:

- home and community-based care for the disabled, homebound, and chronically ill;
- community intervention regarding cancer and its risk factors;
- support to Alzheimer's patients and their caregivers; and
- health promotion and protection for the older persons.



Demographic Transformation

According to the United Nations, the number of persons age 60 and older reached 629 million in 2002, and is projected to grow to almost 2 billion by the year 2050 - outnumbering the population of children under 14 for the first time in human history.



effective management and evaluation

promoting effective management and ensuring quality of OAA programs

EFFECTIVENESS OF OAA SERVICES

AoA has sponsored the Performance Outcome Measures Project (POMP) to develop and field test outcome measures. Agencies all across the country have worked together to develop measures in such areas as nutrition, transportation, information and assistance, and caregiver support. Data presented here were generated by the state and area agencies collaborating on the project. Although they are pilot test data and should not be considered nationally representative, we are seeing encouraging results.

The pilot surveys show encouraging results in the areas of nutrition, transportation, and information and assistance.

NUTRITION

- Seventy-seven percent of new Home-Delivered Meal clients surveyed were at high nutritional risk, while 37 percent of

the new clients for congregate meals were at high nutritional risk.

TRANSPORTATION

- Eighty-two percent of transportation clients rated the service as very good or better.
- Ninety percent reported that they felt safe and that the drivers were always polite.
- More than one in five transportation clients reported that they use the service for all or nearly all of their trips.

INFORMATION AND ASSISTANCE

- Ninety-five percent of information and assistance clients surveyed reported their call was answered quickly.
- Eighty percent of the individuals interviewed said they would recommend the service to their friends.
- Ninety-four percent of the clients who left messages had their call returned the same day.





FAMILY CAREGIVER SUPPORT

An important element of performance outcome measurement is AoA’s intent to measure the performance for the National Family Caregiver Support Program. As part of POMP, we have initiated testing of consumer assessment measures of individuals who care for disabled older Americans with the caregiver support services that are available to them. The early pilot surveys promise to identify the caregivers, their satisfaction with services to them and the elderly they serve, and the burden associated with care.

POMP CAREGIVER SURVEY RESULTS

The chart on the right displays early POMP pilot survey results gleaned from data collected at local sites in Arizona, Florida, Georgia, Hawaii, Indiana, and Ohio.

POMP Caregiver
Survey Results

Older people served by the caregivers surveyed **were** receiving a significant level of services from the Network:

- Case management 88.5%
- Home health 66%
- Homemaker 49%
- Respite care 35%

Caregivers expressed satisfaction with services to elders:

- Very satisfied 67%
- Services helped a lot 84%

The caregivers expressed interest in a variety of services as *their “most desired” services*:

- Help line 43%
- Tax break 32-33%
- Housekeeping 28%
- Transportation 24%
- Respite care 23%
- Help with personal care 23%



FY 2002 financial report

The AoA budget totaled approximately \$1.2 billion in fiscal year (FY) 2002, an increase of almost +\$96 million (+8.7%) over the prior year. Over the last five years, the AoA budget has increased by almost +\$330 million, a compound annual growth rate of approximately +8.3%.

Of the FY 2002 total, \$1.1 billion provided formula grants to states to support a wide range of home and community-based services, including supportive services, caregiver services, nutrition, health promotion, and elder rights activities. Another \$31 million provided grants to Indian Tribe and Native Hawaiian organizations for nutrition and supportive services, including caregiver services.

Approximately \$61 million in discretionary grants supported projects that provide information and technical assistance to older Americans and the National Aging Services Network, which develop new and innovative approaches to meeting the needs of older persons. AoA also utilized \$18 million for program support, which paid for the salaries of approximately 120 federal staff and other administrative expenses.

The Network successfully leverages federal funding (which on average constitutes only a third of the total funding expended) to build coordinated service systems at the state and local level.

In FY 2001, the most recent year for which data are available, states

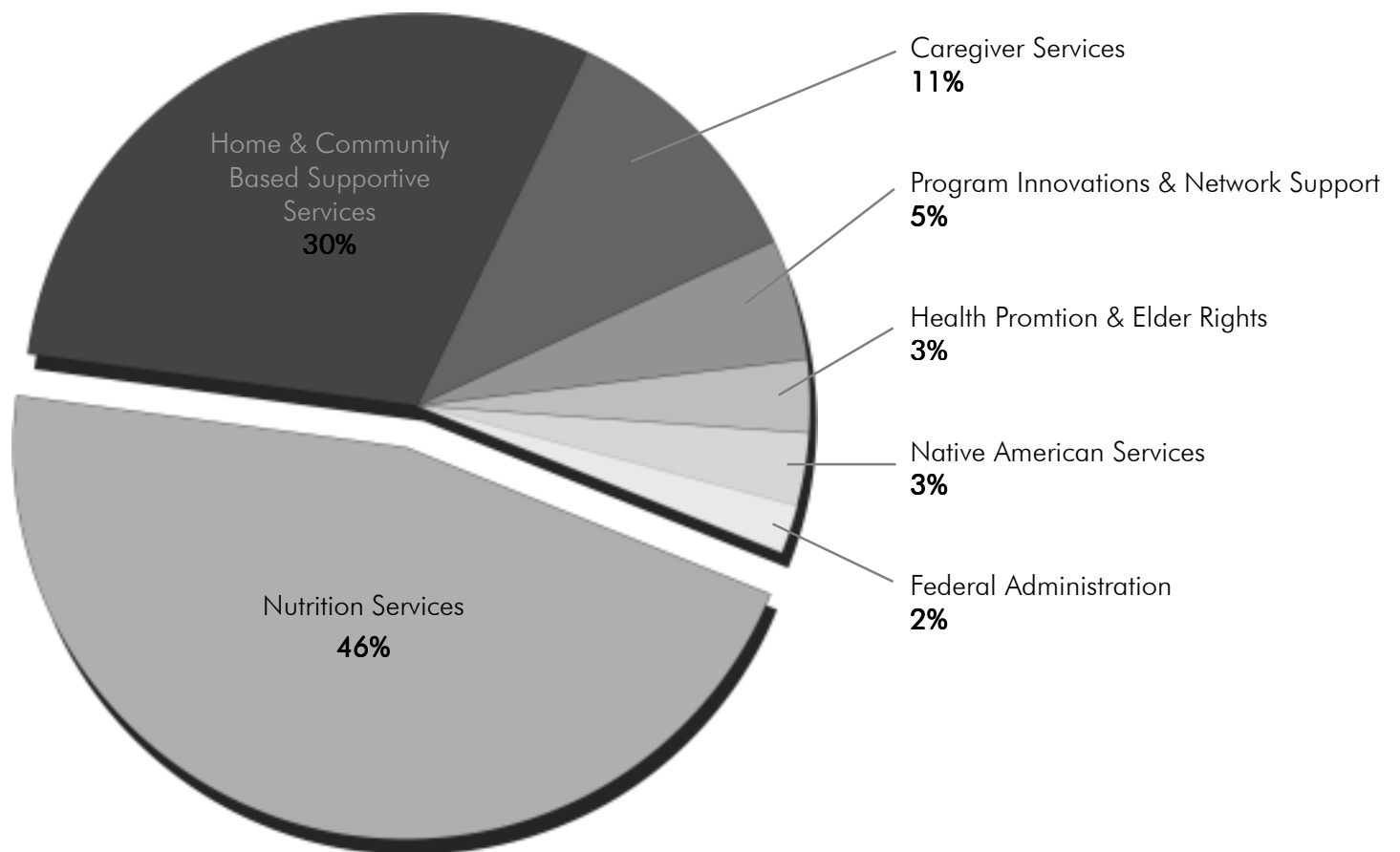
and local communities leveraged an additional \$2 from other sources for every \$1 of federal funding; for intensive in-home services, the ratio was \$3 to \$1. Funds are flexible and states and communities can tailor their programs to address the needs of consumers at the local level.

AoA is committed to being a good steward of taxpayer resources and to ensuring accountability in the use of its resources. Although not required to do so by the Chief Financial Officers Act, we subjected our financial statements to audits in both FY 2000 and FY 2001 (as part of a three-year cycle, no audit was planned for FY 2002). In both years, we received a clean opinion and no material weaknesses were identified. These two measurable elements are principal components of the President's Management Agenda objectives for financial performance. Starting in FY 2003, AoA will participate in the HHS-wide "top-down" audit rather than conduct its own individual audit.





FY 2002 BUDGET



FY 2002-FY 2003 BUDGET

(Dollars in thousands)

Program	FY 2002 Enacted	FY 2003 Enacted	FY 2003 +/- FY 2002
Home & Community-Based Supportive Services	\$356,981	\$355,673	\$(1,308)
National Family Caregiver Support Program	141,492	155,234	13,742
Congregate Meals	390,000	384,592	(5,408)
Home-Delivered Meals	176,500	180,985	4,485
Nutrition Services Incentive Program /1	149,670	148,697	(973)
Preventive Health Services	21,123	21,919	796
Program Innovations	38,257	40,258	2,001
Aging Network Support Activities	2,379	2,364	(15)
Grants to Indian Tribes	25,722	27,495	1,773
Vulnerable Older Americans	17,681	18,559	878
Alzheimer's Disease	11,483	13,412	1,929
Program Administration	18,053	17,869	(184)
Total, Discretionary BA	\$1,349,341	\$1,367,057	\$17,716
Senior Medicare Patrols (HCFAC) /2	2,000	3,250	1,250
Total, Program Level	\$1,351,341	\$1,370,307	\$18,966
FTE	120	120	-

NOTE: For FY 2003, a rescission of 0.65% is taken from each budget line item.

1/ FY 2002 shown comparably to FY 2003.



U.S. Department of Health and Human Services
Administration on Aging

2002 annual report **what we do** makes a difference

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